

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>		8	01/17/01
<b>FORMALITY REVIEW</b>	TH	953	01-24-01
<b>RESPONSE FORMALITY REVIEW</b>	HA	858	03-19-01

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 -: ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	
Original	
1	✓ ✓ ✓ ✓ ✓
2	✓ ✓ ✓ ✓ ✓
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
9	✓
10	✓
11	✓
12	✓
13	✓
14	✓
15	✓
16	✓
17	✓
18	✓ N
19	✓ ✓
20	✓
21	✓
22	✓
23	✓
24	✓
25	✓
26	✓
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30	✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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